

# Topic 1: *Attitudes about Aging*

## Competencies

1. Describe the *Graying of America* concept and the demographic trends of older adults in the United States.
2. Discuss the concept of *ageism* and its relevance to nursing.
3. Delineate myths about aging and understand why they are false.
4. Discuss the concept of successful, creative aging.
5. Describe spirituality as an integral component of high-quality health care for older adults.
6. Include spiritual assessment and care in the comprehensive care plan for older adults.
7. Identify the myths and issues surrounding older adults sexuality.
8. Describe the normal changes and problems with sexuality of older adults.



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### **1. Describe the *Graying of America* concept and the demographic trends of older adults in the United States.\***

#### **A. Discuss the concept of the *Graying of America*.**

1. By the year 2030, 20% of the population of the United States will be 65+.
2. The oldest old (85+) is the fastest growing sector of our population.
3. 60% of hospitalized patients are over 65.
4. 80% of home care patients are over 65.
5. 90% of nursing home patients are over 65. Of these, 75% are women.
6. 68.5% of new nursing graduates describe the elderly (patients over 65) as the majority of the patient population in their care.
7. Of the population who are 65 and older, 58% are women. Of those over 85, 70% are women.
8. Diversity will increase over next 50 years: By 2050, 64% of the population will be non-Hispanic Whites.
9. Older adults have more formal education today than previously; this trend is expected to continue: 11% of older women and 20% of older men are college graduates.

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\*Data source: Federal InterAgency Forum on Aging, Related Statistics (2000).



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10. Overall economic status of older people has improved markedly over the past decades; poverty rates have declined (currently, 11% live in poverty)—yet marked disparities exist particularly among racial/ethnic groups.
11. Social Security provides over 80% of income for older people with the lowest income levels.
12. Personal dollar output for prescription drugs has increased since 1992.
13. One-third of elderly report completely sedentary lives. Of those 70 and older, most report some kind of social activity in a 2-week period (e.g., movies, senior center); most commonly, however, it means a family visit.
14. There is a significant increase in life expectancy but this is accompanied by the presence of chronic disease. Persons aged 65 in 2000 can expect to live another 18 years on average.
15. Surprisingly, the disability rate (as defined by number of ADLs) has decreased; currently it is about 21% of older adults and appears to affect more women than men. The number of those disabled has increased, however (currently, approximately 7 million).



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16. Chronic illness is an important issue in care for older adults. Slightly over half of those 70 or older have osteoarthritis (more women than men); slightly under half have hypertension; one-fifth have heart disease.
- B. Discuss definitions of “old” and how our personal and societal definitions vary.
  1. Discuss subcategories of the
    - (a) Young old = 65–75
    - (b) Old = 75–85
    - (c) Old old = 85+
- C. Complete the phrase, “I will be old when . . .” and discuss answers of chronology or disability.
- D. Use the American Association of Retired Persons Profile on Older Americans to discuss important trends.
- E. Use the Facts on Aging Quiz to promote discussion (see Instruments/Scales section of this chapter).
- 2. Discuss the concept of *ageism* and its relevance to nursing.**
  - A. *Ageism*: Prejudice or discrimination against a particular age-group and especially the elderly.
  - B. Discuss how the nursing profession views aging and care for the elderly.
    1. Discuss the notion that chronic care or nursing home care (where there are many elderly patients) has not been as valued by the nursing profession as acute care or pediatrics.



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### **3. Delineate myths about aging and understand why they are false.\***

#### A. *Myth*: “To be old is to be sick.”

##### *Facts*

1. Approximately 5% of the older population live in nursing homes.
2. Older adults may have chronic diseases but they still function quite well.
3. Only 23% of older adults claim to have a disability.

#### B. *Myth*: “You can’t teach an old dog new tricks.”

##### *Facts*

1. The less people are challenged, the less they perform—older adults need to stay mentally active and stimulated.
2. Conditions of successful learning are different for older people than for the young.
3. Learning institutions are not flexible particularly concerning older adults.

#### C. *Myth*: “Don’t bother to close the barn door after the horse is out of the barn.”

##### *Facts*

1. Bad habits do not always produce irreparable damage.

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\*Rowe, W., & Kahn, L. (1998). *Successful Aging*. New York: Pantheon Books.



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2. It is never too late to start good lifestyle habits of diet and exercise.

D. *Myth*: “The secret to successful aging is to choose your parents wisely.”

*Fact*

1. Heredity is a factor but environment and behavior choices strongly influence how well an older person functions.

E. *Myth*: “The lights may be on, but the voltage is low.”

*Facts*

1. Sexuality does decrease with age but there are tremendous individual differences among older adults.
2. The definition of sexuality and intimacy needs to be redefined and broadened.

F. *Myth*: “Older people don’t pull their own weight.”

*Facts*

1. The belief that older people are unproductive is false.
2. The measures for productivity are wrong; paid employment should not be the only measure.
3. There is job discrimination against older adults.

G. Use the Facts on Aging Quiz (see Instruments/Scales section of this chapter) from Palmore, E.B. (1998).



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### **4. Discuss the concept of successful, creative aging.**

#### A. Optimistic views of aging

1. Aging as living
2. Aging as education
3. Aging as art
4. Aging as a peak experience
5. Aging as a spiritual journey (from Ebersole and Hess, 1998)
6. Aging as a developmental process characterized by increasing heterogeneity, diversity, complexity and creativity (from Rogers, 1986)

#### B. Aging as the potential for creative expression

##### *Definition:*

1. "Creativity is universally recognized as a basic human attribute. Just as aging is a journey and not an end, creativity is a process or an outlook, not a product. It is a distinctly human quality that exists independent of age and time, reflecting a deeper dimension of energy capable of transforming our lives at any age." (Cohen, 2000, p. 13)

"It is the creative spirit . . . that enables us to participate in life as a journey of exploration, discovery, and self-expression. . . . The unique combination of creativity and life experience creates a dynamic dimension for inner growth with aging." (Cohen, 2000, p. 17)



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2. A *creativity assessment* can include these questions: What makes you feel most alive? What projects have given you the most pleasure? What skills do you have that you could or would like to pass on? What are your sources of imagination? Are there creative issues in your life that are troubling you now? How would you like to express yourself creatively?

C. Use letters, poetry, and films to demonstrate vitality, potential, and successful aging

### **5. Describe spirituality as an integral component of high-quality health care for older adults.**

A. Spirituality refers to the personal search for meaning and purpose in life (relationship to self, others, world, God). Religion refers to spiritual beliefs and practices held by organized groups (e.g., Buddhist, Catholic, Protestant, Jewish).

B. Research demonstrates a connection between faith and health. Of the adults surveyed:

- 82% believe in the healing power of personal prayer.
- 56%–79% believe spiritual faith did or can help recovery from illness, injury, or disease.
- 63% believe physicians should talk with patients about their spirituality.
- 75% rate religious beliefs as a very important means of effectively coping with their illness.
- Spirituality and/or religious commitment is associated with medical benefits including relief from physical, mental, and addictive disorders and enhanced quality of life and survival.





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### **6. Include spiritual assessment and care in the comprehensive care plan for older adults.**

#### A. Spiritual history

1. See Scales/Instruments section of this chapter.

#### 2. Spiritual interventions

- Acknowledge the role of religion and spirituality in patient care.
- Inquire about religious or spiritual beliefs and practices.
- Encourage religious and spiritual beliefs and practices.
- Refer to clergy.
- Provide spiritual counseling.
- Pray for or with the patient.

### **7. Identify the myths and issues surrounding older adults' sexual desire.**

#### A. *Myth*: "Sexual desires diminish with age."

##### *Facts*:

1. Sexual patterns persist throughout the lifespan.
2. Older adults continue to enjoy sexual relationships throughout their lives.

#### B. *Myth*: "Sexual intercourse is mainly a younger person's activity for the purpose of procreation."

##### *Facts*:

Few interventions are being carried out by health-care professionals to facilitate the older adults' expression of



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sexuality. One reason for this is that society continually equates sexuality with sexual intercourse.

The older adult must also fulfill the human need to touch and to be touched. When human beings experience lack of touch, the experience is equivalent to malnutrition and may possibly cause psychotic breakdown. Touch may be both a welcome addition to traditional sexual methods or an alternative sexual expression when intercourse is not desired or possible.

Older adults may have difficulty accepting and understanding sexuality. Sexuality and sexual expression were not formally taught during the developmental years of today's cohort of older adults. The assessment of the older adult may be the first opportunity the older adult has had to openly discuss sexuality.

### **8. Describe the normal changes and problems with sexuality of older adults.**

- A. In both genders, reduced hormones in the older adult result in less rapid and less extreme vascular responses to sexual arousal.
- B. Lack of the circulating hormones, testosterone in men and estrogen, progesterone, and androgen in women, results in changes in four areas of the sexual system: (1) arousal, (2) orgasm, (3) post-orgasm, and (4) extra-genital changes.
- C. Some of the common physiologic changes associated with the older male is the increased length of time needed for erection and ejaculation. Erection becomes



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more dependent on direct stimulation of the penis. Semen volume is decreased and the refractory period between ejaculations is longer. Pubic hair becomes thinner and the testicles atrophy.

- D. The older female experiences follicular depletion in the ovaries because of a decrease in circulating hormones. This leads to a further decrease in the secretion of estrogen and progesterone. The strength of the orgasmic contraction decreases and the orgasmic phase is shortened. The labium atrophies and sometimes hangs in folds because of lack of subcutaneous fat tissue. The vulva takes on a dry, pale appearance without rugations and the introitus shrinks. The breast tissue is replaced with fatty tissue. The main consequences of the normal physiologic changes experienced by older adult women are an increase in response time and dyspareunia (painful intercourse).
- E. Older adults are more susceptible to many disabling medical conditions such as cardiac problems, diabetes, neurological disorders, and arthritis that may make the expression of sexuality difficult or impossible.
- F. The medications and treatments used for medical conditions may also hinder the older adult's sexual response.
- G. The incidence of erectile impotence in men with diabetes is about 50% and increases with age because of associated neuropathic and vascular deficiencies. Removal of the causative medication and treatment of the underlying medical illness frequently results in resolution of problems.



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- H. The number of clients with acquired immune deficiency syndrome (AIDS) over age 60 has risen steadily in the past decade. Modes of HIV transmission include intravenous drug use, homosexual and bisexual behavior, blood transfusion, and heterosexual contact. In the next decade, the proportion of clients with AIDS who are age 60 and older is expected to rise from 3% to approximately 10%.
- I. Refer to the Instruments/Scales section of this topic for PLISSIT Model: Questions to Guide Sexuality Assessment Among Older Adults.



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## Instruments/Scales

### **The Facts on Aging Quiz\***

*Instructions:* Which of the following statements are true or false?

1. The majority of old people (age 65+) are senile (have defective memory, are disoriented, or psychologically challenged).
2. The five senses (sight, hearing, taste, touch, and smell) all tend to weaken in old age.
3. The majority of old people have no interest in nor capacity for sexual relations.
4. Lung vital capacity tends to decline in old age.
5. The majority of old people feel miserable most of the time.
6. Physical strength tends to decline in old age.
7. At least one-tenth of older adults are living in long-stay institutions (such as nursing homes, mental hospitals, homes for the aged, etc.).
8. Aged drivers have fewer accidents per driver than those under 65.
9. Older workers usually cannot work as effectively as younger workers.
10. Over three-fourths of older adults are healthy enough to carry out their normal activities without help.
11. The majority of older people are unable to adapt to change.
12. Older people usually take longer to learn something new.
13. Depression is more frequent among older adults than among younger people.
14. Older people tend to react slower than young people.
15. In general, old people tend to be pretty much alike.
16. The majority of old people say that they are seldom bored.
17. The majority of old people are socially isolated.
18. Older workers have fewer accidents than younger workers do.
19. Over 20% of the population are now age 65 or over.

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\**The Facts on Aging Quiz*, 2nd Edition, Palmore, E. B. Copyright © 1998, Springer Publishing Company, Inc., New York 10012. Used by permission.



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## Instruments/Scales

### **The Facts on Aging Quiz (Continued)**

20. The majority of medical practitioners tend to give low priority to the aged.
21. The majority of old people have incomes below the poverty line (as defined by the federal government).
22. The majority of old people are working or would like to have some kind of work to do (including housework and volunteer work).
23. Old people tend to become more religious as they age.
24. The majority of old people say they are seldom irritated or angry.
25. The health and economic status of old people will be about the same or worse in the year 2010 (compared to young people).

Answers to Facts on Aging Quiz: All odd numbers are false and all even numbers are true.



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## **Instruments/Scales**

### **The Patient as Person History\***

1. What is your understanding of the meaning of your illness? Is God or religion important to you as you face your illness?
2. What are your sources of strength? What role does faith play in your life?
3. How does faith influence your thinking about your illness?
4. Are there religious practices that are particularly meaningful to you?
5. Are there issues in your spiritual life that are troubling you now?
6. Would you like to talk with someone about these issues?
7. Help me understand how you see your illness in relationship to your family (and/or other significant social relationships)? What are your thoughts about their concerns or your concerns about them?

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\*Developed by the Center for Health Ethics and Law, Robert C. Byrd Health Services Center, West Virginia University, Morgantown, WV. Used with permission.



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## Instruments/Scales

### **Stoddard's Spiritual Assessment Instrument\***

1. Concept of God (awareness of holy)
  - a. What has been most important for you in your life?
  - b. What are the things that you have found most meaningful during the past year?
2. Subjective meaning of illness (sense of providence, grace, repentance)
  - a. What does it mean to you that you have become ill?
  - b. How have you been making sense of what has happened to you?
3. Approach to hoping (faith, vocation)
  - a. How have you kept a sense of hope in the past?
  - b. What does having hope mean for you now?
4. Relation to support system (communion)
  - a. How have you felt your family has been doing with this illness?
  - b. Who have you felt has been able to be most supportive of you in this time?

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\*Stoddard, G., & Burns-Haney, J. (1990). Developing an Integrated Approach to Spiritual Assessment: One Department's Experience. *The Caregiver Journal*, 7(1). 63–86. Used with permission.





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## Instruments/Scales

### Summary Sheet: United States Aging Demographic Trends\*

#### **We are living longer.**

- In 1900, life expectancy was 47 years
- In 1999, life expectancy was 83.6 years for women, 75 years for men

#### **The nation is graying.**

- In 2000, people over 65 years comprised 12.8% of population
- By 2030, people over 65 years will comprise 20% of the population
- The oldest old, people over the age of 85 years is the fastest growing segment of the population
- The number of people over 100 years old doubled in the 1980s
- The Baby Boom generation will have a huge impact on health care utilization and financing

#### **The elderly are predominantly women.**

- Women over 65 years outnumber men 3 to 2
- If over 85 years, women outnumber men 5 to 2

#### **Personal relationships are changing.**

- Some marriages will last 75 years
- Some people will have different partners for different stages of their lives

(Continued)

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\*The National Institute on Aging and the American Association of Retired Persons, 1999. Prepared by New York Consortium of Geriatric Education Centers, New York University, Division of Nursing.



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## **Instruments/Scales**

### **Demographic Trends (Continued)**

#### **Cultural diversity is increasing.**

- In 2030, minorities will comprise 25% of the elderly population

#### **We are becoming more educated.**

- Educational attainment is increasing but there is still a wide discrepancy between ethnic and racial groups

#### **You may never retire or will retire more than once.**

- People are working longer and having second careers
- Social Security and Medicare play a role in these decisions as do employee pension plans

#### **Chronicity is probable.**

- In 1992, more than half the population of elders (65 years +) reported having at least one disability that limits their ability to carry out activities of daily living.
- Most common ailments are: osteoarthritis, hypertension, heart disease, hearing loss, orthopedic impairments, diabetes. The leading causes of death for the elderly are heart disease, cancer, and stroke.

#### **Caregiver burden is increasing.**

- In 1995, over half of the non-institutionalized elderly live in a family setting
- 15% of those over 85 years old live in nursing homes



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## Instruments/Scales

### SEXUALITY ASSESSMENT SCALES\*

#### PLISSIT Model

- P** Obtaining **P**ermission from the client to initiate sexual discussion
- LI** Providing the **L**imited **I**nformation needed to function sexually
- SS** Giving **S**pecific **S**uggestions for the individual to proceed with sexual relations
- IT** Providing **I**ntensive **T**herapy surrounding the issues of sexuality for that client

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\*Annon, J. The PLISSIT model: A proposed conceptual scheme for behavioral treatment of sexual problems, *Journal of Sex Education Therapy*, January 2, 1976.



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## Experiential Activities/ Clinical Experiences

### ACTIVITIES

1. **Quiz:** Use the Facts on Aging Quiz in the Instruments and Scales section of this chapter to promote discussion.
2. **Birthday cards:** Analyze the stereotyping prevalent in birthday cards.
3. **Survey nursing school recruitment brochures:** Analyze the way gerontologic nursing is presented in nursing school recruitment brochures. How many pictures show nurses with older adults and how many pictures show nurses with babies?
4. **Interview:** Interview an older adult about life experiences/conduct a life review.
5. **Interview:** Interview nurses in various clinical settings (hospital, home care, long-term care) about their beliefs and stereotypes of their older adult patients.
6. **Reflection:** Examine and write about your attitudes and stereotypes of older adults.
7. **Imagine:** Hypothetically imagine yourself as a 65, 75, and 85-year-old.
8. **Conduct:** Research data about older adults successful aging.
9. **Observe.** Observe older adults in shopping malls notice their range of mobility and activity.



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## Experiential Activities/ Clinical Experiences

**10. Conduct:** Develop a spiritual assessment on an older adult.

**11. Identify:** List older adults who have creative relationships, have used creativity to maintain their physical health or who have cultural legacies to share.

### CLINICAL EXPERIENCES

Any of these activities can be used in the clinical setting to promote awareness of attitudes. The interviews should be particularly helpful.

Develop and maintain a relationship with an older adult over time and keep a *journal* of the experience.

The need to express sexuality continues through the life span. Therefore, all older adults should be assessed for sexual needs and problems.



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## **Evaluation Strategies**

The criterion for evaluation is to see if there is increased awareness of the concepts of ageism, myths, and successful aging, spirituality and sexuality.

1. Use the Facts on Aging Quiz in the Instruments and Scales section of this chapter in a pre-test/post-test framework.
2. Report on experiential activities.



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## Resources

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### Web Sites

Senior Net [www.seniornet.org](http://www.seniornet.org)

Third Age [www.thirdage.com](http://www.thirdage.com)

ElderWeb [www.elderweb.com](http://www.elderweb.com)

Federal Interagency Forum on Aging-Related Statistics  
[www.agingstats.gov](http://www.agingstats.gov)

American Association of Retired Persons [www.aarp.org](http://www.aarp.org)

